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**FAX TRANSMISSION****DATE:** January 22, 2007**PTO IDENTIFIER:** Application Number 09/762,472  
Patent Number**Inventor:** Michael EDER et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Kevin R. Spivak

**PHONE:** (703) 760-7762**Attorney Dkt. #:** 449122002000**PAGES (including Cover Sheet):** 11**CONTENTS:** Amendment after Final Action (7 pages)  
Transmittal (1 page)  
Fee Transmittal (1 page)  
Petition for Extension of Time (1 page)  
Certificate of Transmission (1 page)

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PTO/SB/97 (08-04)

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Application No. (if known): 09/762,472

Attorney Docket No.: 449122002000

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on January 22, 2007  
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Amendment after Final Action (7 pages)  
Transmittal (1 page)  
Fee Transmittal (1 page)  
Petition for Extension of Time (1 page)  
Certificate of Transmission (1 page)

CENTRAL FAX CENTER

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PTO/SB/21 (08-04)

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## TRANSMITTAL FORM

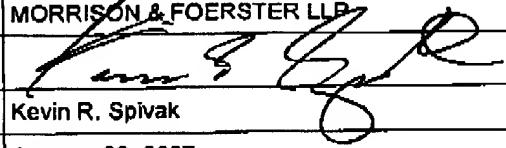
(to be used for all correspondence after initial filing)

		Application Number	09/762,472
		Filing Date	March 29, 2001
		First Named Inventor	Michael EDER
		Art Unit	2194
		Examiner Name	L. B. Zhen
Total Number of Pages in This Submission	10	Attorney Docket Number	449122002000

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kevin R. Spivak		
Date	January 22, 2007	Reg. No.	43,148

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004/012

JAN 22 2007

PTO/SB/17 (01-06)

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Fee pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818).

**FEE TRANSMITTAL  
For FY 2006**

		<b>Complete If Known</b>	
		Application Number	09/762,472
		Filing Date	March 29, 2001
		First Named Inventor	Michael EDER
		Examiner Name	L.B. Zhen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2194
TOTAL AMOUNT OF PAYMENT (S) 120.00		Attorney Docket No.	449122002000

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
14	- 20 = 0	x _____	= _____	Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
14	- 20 = 0	x _____	= _____

HP = highest number of total claims paid for, if greater than 20.

<u>Multiple Dependent Claims</u>
Fee (\$)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 = 0	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

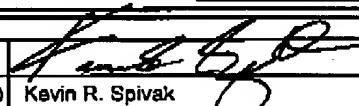
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x _____	= _____	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Kevin R. Spivak
Registration No. (Attorney/Agent)	43,148
Telephone	(703) 760-7762
Date	January 22, 2007

va-190318